FORM VAT- C1

(See Rule 35)

CHALLAN

(To be filled in by the Depositor)

By whom tendered:															
Name and address	s of per	son (on												
whose behalf mor	ney is d	epos	ited:												
District name:				TIN	: 0	6									
Please tick (✓) the box against the Act below under which payment is made and do not tick more han one box. Use separate challans for payment under each Act) ACT: VAT CST LADT ENTT. EXCISE															
Details of amoun	t depo	sited	:												
10 Cr. Cr. 10 Lakh Lakh 1	.0 Th. Th. 1	100's 1	0's Unit												
(i) Voluntary Tax	Tax Period (Qr./Month)														
(ii) Recovery	Demand No. &														
against Demand	assessment year														
(iii) Fee	Purpose														
(iv) Duty	Purpose														
(v) Security							P	urpose							
(vi) Others							P	urpose							
Total (i) to (vi)															

Total (i) to (vi)

in wo	rds:																
(Sign	ature (of de	posi	tor):					_								
	(T	o be	fille	d in	by the	e Trea	sury B	ank branch	ı / Treas	ury	/	-trea	ısur	y O	ffic	:e)	
Scroll No.					D	DO Cod	le:			Depa	artme	nt co	ode				
Treasur Code:	ту	Sub-i Code				Bank Code		Branch Code				Sr. No. (TSN)					
										1	1	l					
Major Head			Sub Major Head		Min	or Head	Sub-head	Detail h	ead	Amo	unt:						
											Γ	Date:					

(Signature of the Officer

ordering the money to be paid in)